



## Managed Long-Term Services and Supports Consulting Services

### OFFICIAL RESPONSES TO VENDOR QUESTIONS RFP-2017-OMS-01-MANAG

No.	Question	Answer
1	Section 1.1, page 4 - Will the selected vendor only "ensure the delivery of a thorough implementation plan," as the RFP states, based on the design of a new system that has already been completed, or will the selected vendor also provide inputs into the new design?	It is expected that the selected vendor will provide expert design <i>input</i> , as part of the SB 553 planning process noted in Section 1.1, page 4, "to ensure the delivery of a thorough implementation plan."
2	Section 1.1, page 4 - Can the State provide additional detail on what activities are expected as part of "Provide for an effective procurement?" For example, does this include advising strategically on the contract narrative? Or conducting the actual procurement effort? Or other activities?	The selected vendor will work with the Department to "provide specific recommendations to DHHS, and the designated procurement contractor, regarding best practices in MLTSS RFP and contract language, as well as oversight for MLTSS programs." See Section 3.2.3, page 9. The contractor will advise and make specific recommendations on the contract narrative, but will not conduct the actual procurement effort as part of this engagement. Please see answers to Questions 5 and 15 for further clarity.
3	Section 1.1, page 4, reference to Senate Bill (SB) 553: (a) In addition to the Choices for Independence waiver, SB 553 references the developmental disabilities, acquired brain disorder, and in-home support waivers. Please clarify that the Choices for Independence waiver is the only waiver that will be addressed as part of the scope of work. (b) Please clarify the role of the vendor regarding the workgroup responsible for developing an implementation plan for transition to MLTSS. Is the role to be an active participant and/or to be responsible for facilitating meetings (e.g. draft agendas, develop meeting materials, and develop meeting notes)? (c) Please clarify that the procurement plan is not to include eliminating or modifying the existing 1932(a) authority but instead to develop a 1915(b) waiver authority to implement MLTSS.	(a) Yes, this scope of work is exclusive to the Choices for Independence waiver. (b) Please see Section 3.2.1, 3.2.1.1, 3.2.1.2, and 3.2.1.3, page 8, clarifying the role of the selected vendor. The Department is legislatively required per SB 553 to convene the meetings and began the stakeholder process on July 13, 2016. The Department, as part of a transparent public planning process will continue to lead the meetings through the development of agendas, submission of meeting materials, and the posting of meeting notes. Please see answers to Questions 7 and 9 for further clarity. (c) The State expects the selected vendor to "Provide specific recommendations for New Hampshire's Choices for Independence 1915 (c) waiver for amendment with a concurrent 1915 (b) for a target date of July 2018" and to provide context on the possible authorities through which to administer a Medicaid care management program, depending on the final model selected.
4	Section 1.1, page 4: The Request for Proposal (RFP) mentions procuring the Medicaid Care Management (MCM) program "after June 30, 2018". Does the State have a specific target date for the effective date for implementing new contracts resulting from the MCM re-procurement?	The anticipated target date for implementation of new contracts is July 1, 2018.



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5	<p>Section 1.1, #3, page 4 and deliverable 3, Appendix C page 53:</p> <ul style="list-style-type: none"> <li>(a) Does this deliverable include the vendor assisting with implementation of the procurement?</li> <li>(b) Please explain the relationship between this deliverable and the procurement scope of work described in RFP-2017-oms-03-profe.</li> </ul>	<p>(a) The selected vendor will "Serve as an MLTSS subject matter expert to staff involved in the managed care re-procurement process inclusive of the development of the Request for Proposal." See Section 3.2.3 through Section 3.2.3.5, page 9, for further clarification. The Department has issued a separate RFP for Professional Technical Assistance and Consulting Services for Managed Care Procurement. It is expected that, per 3.2.3, the selected vendor will "Provide specific recommendations to DHHS, and the designated procurement contractor, regarding best practices in MLTSS RFP and contract language, as well as oversight for MLTSS programs." See <a href="http://www.dhhs.nh.gov/business/rfp/rfp-2017-oms-03-profe.htm">http://www.dhhs.nh.gov/business/rfp/rfp-2017-oms-03-profe.htm</a>.</p> <p>(b) The vendor for this MLTSS plan will work closely with the vendor for the MCM re-procurement process to ensure any MLTSS component of the MCM re-procurement includes best practices for MLTSS including contract language and oversight. The Request for Proposal RFP-2017-OMS-03-profe is published by the Department of Health and Human Services (DHHS), Office of Medicaid Services (OMS), to solicit proposals from experienced national professional consulting firms to advise and provide technical assistance to the Department of Health and Human Services (DHHS) on an effective development of a Request for Proposals (RFP) for the re-procurement of the State's Medicaid Care Management (MCM) program. Consulting and technical assistance is requested to aid the Department in obtaining information for consideration in re-procurement of MCM through Managed Care Organizations (MCOs). Technical assistance is specifically requested relative to Alternate Payment Models (APMs) and select long-term services and supports to advance the operation and goals of the managed care program to be responsive to the needs of the people served. Per 3.2.7, page 7, this selected vendor will work in consultation with the Managed Long Term Supports and Services (MLTSS) contractor.</p>
6	<p>Section 1.3, page 6 and Appendix C page 53: If the State elects to extend the contract for an additional one year, will pricing/cost/scope be negotiated separately at that point?</p>	<p>Yes.</p>
7	<p>Section 1.3., page 6 - The Contract Period is given as February 1, 2017 until June 30, 2018. Does the State expect ongoing engagement and continuous staffing throughout all of these months? Or may vendors propose solutions that include varying levels of support as may be required in different phases of work, which could include phases of dedicated, full-time support, accompanied by phases of light-touch counseling support?</p>	<p>Section 3.2, page 8, titled Scope of Services, notes the deliverables that the Department expects to be met. The State expects that the selected vendor will primarily assist Medicaid staff remotely and as needed, and agreed upon, on-site to meet the requirements outlined. The State expects the vendors to propose staffing solutions to meet the requirements specified in the Scope of Services.</p>



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<b>8</b>	Section 1.3, page 6 - Does the State anticipate contracting with a single entity for the full period and the entire scope, or can vendors bid on discrete portions of the scope?	The State anticipates contracting with a single entity for the full period and the entire scope.
<b>9</b>	Section 3.2, page 8: Please confirm that the State does not require/need a full-time, on-site presence for this scope of work.	It is expected that vendors will provide necessary resources to meet the deliverables outlined in the Scope of Work, Section 3.2, pages 8 and 9. See answer 7 above for further clarification.
<b>10</b>	RFP Section 3.2.1. (page 8) (a) Is the Contractor for this RFP expected to write the MLTSS implementation plan? (b) If yes, how many components of the implementation plan is the Contractor expected to write? (c) Will DHHS staff draft the MLTSS implementation plan?	(a)The selected vendor will work with the Department to consult and make specific implementation recommendations for components of the MLTSS Implementation plan noted on pages 9 and 10, Section 3.3.2. (b)The contractor will be actively engaged in reviewing and modifying any and all components of the implementation plan. (c)The selected vendor will provide input to and comment on the MLTSS implementation plan drafted by the Department as part of the SB 553 implementation planning collaborative process.
<b>11</b>	RFP Section 3.2.1. (page 8) (a) Is the Contractor for this RFP expected to participate in the workgroup that is required by statute? (b) If yes, please describe the responsibilities of the Contractor. (c) What is the role of the workgroup in developing the implementation plan? (d) How many more months is the workgroup scheduled to meet?	(a)Per Section 3.2.1, page 8, the selected vendor will “primarily be available through consultation calls to assist with” SB 553 planning efforts. The consultant will make arrangements for knowledge transfer via phone, and documentation to the Department.” The Department may require as needed, and agreed upon, on-site consultation to meet Scope of Service requirements. (c) The workgroup is charged with participating in the development of a plan for the incorporation of some Medicaid long-term services and supports, including those available through Home and Community Based waivers, into the Medicaid Managed Care delivery system. Please review text of SB 553 at <a href="http://www.gencourt.state.nh.us/bill_status/billText.aspx?id=936&amp;txtFormat=pdf&amp;v=current">http://www.gencourt.state.nh.us/bill_status/billText.aspx?id=936&amp;txtFormat=pdf&amp;v=current</a> (d)There is no defined timeline for SB 553. Per SB 553, the group will meet until the “department of health and human services has prepared and adopted a comprehensive plan for the services to be incorporated into managed care.”



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12	<p>Section 3.2.2, page 8:</p> <ul style="list-style-type: none"><li>(a) Is the consultant responsible for drafting the 1915(b) waiver/amendment or otherwise assisting with the 1915(b) waiver?</li><li>(b) Please clarify any responsibilities the consultant may have for the 1915(b) waiver and, if none, confirm that the 1915(b) waiver projections to reflect MLTSS will be available for the 1915(c) waiver cost-neutrality calculations.</li><li>(c) Is the consultant is responsible for amending the 1915(c) waiver cost-neutrality demonstration to reflect MLTSS.</li><li>(d) Please describe the anticipated proportion of the Choice for Independence waiver amendment that the Contractor is expected to write.</li><li>(e) Please further describe the anticipated role of the Contractor in the cost neutrality component of the waiver? For example, is the Contractor expected to lead this activity or provide subject matter expertise?</li></ul>	<ul style="list-style-type: none"><li>(a) Yes. The consultant will be responsible for advising about the contents of the 1915(b) waiver that will be needed to run concurrently with the 1915(c) waiver. Per Section 3.2.2.1, page 8, the selected vendor must assist with the writing of the first draft of the "Choices for Independence (CFI) waiver amendment with DHHS staff and follow on revisions with input from stakeholders and CMS."</li><li>(b) Please review Section 3.2.2 for specific Scope of Service around waiver consulting support. "The consultant will bring additional resources to help the Department address cost neutrality and other aspects of the waiver inclusive of compliance with the CMS Medicaid Managed Care Final Rule." The selected vendor is responsible for amending the 1915(c) waiver and will be supported in developing the cost-neutrality calculations by the State's actuary.</li><li>(c) The 1915(c) waiver cost-neutrality calculations will be supported by and performed by the State's Actuary in consultation with the vendor.</li><li>(d) Per Section 3.2.2, page 8, "New Hampshire's CFI Waiver requires a CMS amendment to provide for MLTSS. The goal would be to develop a CFI amendment ready for public input as part of the engagement."</li><li>(e) The contractor is expected to provide subject matter expertise on budget neutrality. The State's actuary will be lead on developing these calculations and will work with the Contractor. See answers to Questions 12 (b) and 12 (c) above.</li></ul>
13	RFP Section 3.2.3. (page 9) Is the Contractor for this engagement precluded from also serving as the Contractor for the Professional Technical Assistance and Consulting Services for Managed Care Procurement RFP?	No.
14	RFP Section 3.2.3. (page 9) What responsibilities will the Contractor for the Professional Technical Assistance and Consulting Services for Managed Care Procurement RFP have relative to the MLTSS RFP?	Please see answer to Question 5.



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<b>15</b>	<p>RFP Section 3.2.3. (page 9)</p> <p>(a) In developing the MLTSS RFP, contract language, and oversight practices, what is the anticipated proportion of work to be completed by 1) DHHS, 2) the Contractor for the Professional Technical Assistance and Consulting Services for Managed Care Procurement RFP, and 3) the Contractor for MLTSS Consulting Services? (e.g., 33%, 33%, 33%).</p> <p>(b) Is the Contractor for this RFP expected to write the MLTSS RFP?</p> <p>(c) Will DHHS staff draft the MLTSS RFP and contract? Is the Contractor expected to write the MLTSS contract?</p>	<p>(a) Please see Section 3.2.3, page 9, for clarification and answer to Question 5. It is expected that the selected vendor will meet one hundred percent of the requirements as outlined in Section 3.2.3</p> <p>(b) The selected vendor will clearly outline recommendations for the MLTSS component of the managed care RFP as part of the managed care re-procurement process. All of this will be conducted in consultation with the Department and selected vendor for the Professional Technical Assistance and Consulting Services for Managed Care Procurement RFP.</p> <p>(c) The Department, working with the selected vendor for the Professional Technical Assistance and Consulting Services for Managed Care Procurement RFP, will draft the MLTSS components of the RFP and contract language based on recommendations from this selected vendor in concert with Department staff.</p>
<b>16</b>	<p>Section 3.2.3., Page 9 – RFP states “Serve as an MLTSS subject matter expert to staff involved in the managed care re-procurement process inclusive of the development of the request for proposal. Provide specific recommendations to DHHS, and the designated procurement contractor, regarding best practices in MLTSS RFP and contract language, as well as oversight practices for MLTSS programs...” What is the relationship between Task 3.2.3, “Serve as an MLTSS subject matter expert to staff involved in the managed care re-procurement process inclusive of the development of the request for proposals,” and the services to be provided in the separate Professional Technical Assistance and Consulting Services for Managed Care Procurement, RFP-2017-OMS-03-PROFE? What level of effort does the Department seek on Task 3.2.3?</p>	<p>Please see responses to Questions 5 and 15. Please review Section 3.2.3, page 9, for specific deliverables as noted in 3.2.3.1 through 3.2.3.5.</p>
<b>17</b>	<p>RFP Section 3.2.3.3. (page 9) Is the Contractor for this RFP expected to write policies and procedures for compliance practice?</p>	<p>Yes, per Section 3.2.3.5, the selected vendor is expected to “Deliver compliance recommendations to DHHS Operations staff.” As further clarification, it is expected that the selected vendor will deliver suggested policies and procedures for compliance practice.</p>



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<b>18</b>	<p>Section 3.2.3.4, page 9:</p> <ul style="list-style-type: none"><li>(a) Is the “management dashboard” intended to be a tool used to track the RFP/contracting process <u>or</u> does the State want the selected Contractor to create/build a “management dashboard” that provides metrics, data elements, utilization/quality results on the MLTSS program post-implementation?</li><li>(b) Can the State elaborate more specifically on what the State wants in a “management dashboard” in the context of the MLTSS re-procurement/RFP/Contract language task work described in Section 3.2.3?</li><li>(c) Does DHHS currently use a general managed care dashboard?</li><li>(d) Does “compliance recommendations” refer to the current managed care program or the MLTSS program?</li></ul>	<ul style="list-style-type: none"><li>(a) The Department expects that the selected vendor will make a recommendation that provides metrics, data elements, utilization/quality results on the MLTSS program post-implementation. The selected vendor is expected to make a recommendation for an MLTSS-specific management dashboard</li><li>(b) See answer to Questions 18 (a) above.</li><li>(c) The selected vendor is required to provide a recommendation for an MLTSS specific dashboard that will align with a general managed care dashboard that will be part of the future procurement effort of the Department.</li><li>(d) As further clarification for Section 3.2.3.5, page 9, the selected vendor is expected to make compliance recommendations specific to MLTSS.</li></ul>
<b>19</b>	<p>Section 3.4, Q5, page 11: The question requests a plan that is to describe the process to accomplish this project “inclusive of a timeline”. What are the key milestones on which this timeline is to be based? The only timeline in the RFP document is the Procurement Timetable (Section 6.2) and the mention of re-procuring the MCM program “after June 30, 2018”.</p>	<p>As further clarification, the selected vendor is expected to provide a timeline for start-up and readiness, inclusive of expert, available staff, to fulfill the elements outlined in the plan provision. The target effective date for the new contracts is July 1, 2018.</p>
<b>20</b>	<p>RFP Section 3.4.1.1, Question 1 (page 12) asks bidders to provide two examples with a minimum of three references, of consulting experience. Please clarify if DHHS is requesting three references for each project example? Is DHHS requesting three references from three different project examples?</p>	<p>The Department requires a minimum of three references, from at least two consulting engagements, that best support your consulting experience that aligns with the Scope of Work outlined in this Request for Proposal.</p>





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<b>21</b>	<p>Section 3.5.1.5, Section 3.5.1.6 &amp; Section 3.5.1.7, pages 11 &amp; 12 - The Culturally and Linguistically Appropriate Standards: The requirement appears related to the provision of direct services to eligible individuals. Please confirm a four-factor analysis and completion of Appendix D is not required for this contract.</p> <p>RFP states that vendors will "submit a detailed description of the language assistance services they will provide to LEP persons to ensure meaningful access to their programs and/or services, within 10 days of the date the contract is approved by Governor and Council." Can the State please explain what is intended here? If the contract is for support to develop an implementation plan, under which conditions would a team interact with LEP (Limited English Proficiency) persons to ensure access to their programs and services? Does the State anticipate a front-line role for the selected vendor, interacting directly with patients? If so, can the State please describe in detail the activities that will be expected in relation to LEP persons?</p>	<p>The State does not anticipate a front line role of directly interacting with patients for the selected vendor but may be involved in consultations that require interaction with the general public involved with SB 553 implementation planning.</p> <p>The culturally and linguistically appropriate standards requirement assures the State the bidder is in compliance with all applicable federal civil rights laws.</p> <p>All bidders are required to return the 3-page Appendix D CLAS Requirements document completed, signed and dated. The four-factor analysis is not needed.</p>
<b>22</b>	<p>Section 5.2, page 13: Can the State please provide a maximum budget for each of the three task items in Section 5.2.1, 5.2.2, and 5.2.3, respectively? Alternatively, if the State has a maximum budget for all three task items collectively, please provide.</p>	<p>It is expected that bidders will provide budgets for components outlined and required in Section 5.2.</p>
<b>23</b>	<p>RFP Section 6.13 (page 17) Will DHHS permit bidders to submit (along with their proposal submittal) a redacted version of its proposal on CD/thumb drive that DHHS may use in response to public records informational requests?</p>	<p>If a 91-A request is received, the bidder will be allowed the opportunity to redact their proposal under RSA 91-A:5, IV. No information will be distributed to the requesting entity without prior approval from the Bidder.</p>
<b>24</b>	<p>Section 6.2, page 14: Given the holiday schedule, will the State consider revising the response due date to January 6, 2017?</p>	<p>No.</p>
<b>25</b>	<p>Section 6.3, page 14: Please provide a list of entities that submitted a Letter of Intent in response to this RFP.</p>	<p>See section 6.13 Public Disclosure and section 6.18 Contract Negotiations and Unsuccessful Bidder Notice.</p>



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26	RFP Section 7.2.2.1.c.iii (pg. 20) requests that we identify the name, title, mailing address, telephone number and email address of the fiscal agent of the organization. Our firm is a publicly traded corporation, and as such, we do not believe that a fiscal agency would be applicable to our firm. In an effort to be responsive to the State's question, please clarify the request and indicate if the name and contact information for our stock transfer agent would suffice in response to this question.	The fiscal agent is the person who will be representing the vendor as a fiscal agent, and is the person responsible to respond to any financial questions/issues that arise from the proposal. If your stock transfer agent is that person, then yes, provide the information as requested for that person.
27	Section 7.2.2.1.vi, page 21 and Appendix A, page 26: Please confirm that including a statement in the Technical proposal cover letter that the bidder explicitly accepts Contract Terms does not preclude the bidder from proposing exceptions to contract terms and conditions.	Any exceptions to the Appendix A - Terms & Conditions must be stated in the Appendix A, and an expanded explanation should be included in the Transmittal Cover Letter.
28	Section 7.2.2.4., page 21: This requirement indicates that the Technical Response should include a Proposal Narrative where "the Bidder must answer all questions..." and (later) the bidder "must address every section of Section 3 Statement of Work, even though certain sections may not be scored". Please clarify whether the bidder should address Section 3.1 (covered populations and services), Section 3.2 (scope of services) and Section 3.3 (qualifications) in the Proposal Narrative or whether these are informational and the Proposal Narrative should only address Section 3.4 (requirements).	Bidder must address every section of Section 3 Statement of Work, which includes questions and requested items.
29	RFP Section 7.2.2.5.a and b. (page 21-22) request information that could be lengthy and that is available 24/7 via a link to our website. Would DHHS prefer that we include the lengthier information as an appendix to our proposal or that we include a link to the information in lieu of paper copies?	As further clarification, please include the lengthier information as an Appendix to the proposal.
30	Section 7.2.2.7. Page 22 – General Staffing Question. What assumptions should we make about providing on-site consultation in Concord? For example, does the Department expect the consultant to attend meetings of the SB 553 Working Group in person, or by phone?	Please see answer to Question 11.
31	RFP Section 7.2.2.9. (page 23) Is an original version of the New Hampshire Certificate of Good Standing required or is a copy acceptable?	A copy is sufficient.





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<b>32</b>	RFP Section 7.2.3.2 (page 23) requests that we provide audited financial statements for the four most recently completed fiscal years. As a publicly traded company our financial statements are more than 100 pages (per year). To reduce the environmental impact of this solicitation, would DHHS be willing to accept the required financial documents in the electronic submittal along with a link to the investor tab of our website where all visitors have 24/7 access to the financial documents?	The State will accept electronic PDF copies of the four years of audited financial statements on CD or Memory Card/Thumb Drive.
<b>33</b>	Appendix A, page 26: Does the submission of exceptions to the term and conditions impact the scoring of the bidder's proposal? If yes, how does the submission of exceptions impact the scoring?	No; the Appendix A – Terms & Conditions, is not scored.
<b>34</b>	RFP Appendix B (pages 27-52) Please clarify and confirm the following: (a) Please confirm that Appendix B is provided for informational purposes only and to aid bidders in completing RFP Appendix A (Exceptions to terms and Conditions). (b) Please confirm that RFP Appendix B (pages 27-52) does not need to be completed and signed and submitted with a bidder's proposal.	(a) Yes, the Appendix B is for informational purposes to aid bidders in completing the Appendix A (Exceptions to Terms & Conditions) (b) Correct, the Appendix B does not need to be submitted with the bidder's proposal.
<b>35</b>	Appendix B, Exhibit C, No. 15, page 33 - Can the State confirm that the referenced no. 15 and the referred-to Appendix D are not applicable to this contract (operation of facilities, providing language-enabled services to LEP persons)? Alternatively, if what is intended is that as part of the NH LTSS program the provider will be supporting these requirements, and the provider is the one that will abide by the LEP rules, can the State please clarify that this is intended to be the case, and provide additional details on what is expected?	#15. Operation of Facilities. This is to provide the State assurance that the bidder is in compliance with the requirements of the State Office of the Fire Marshal, local fire protection agencies, local building and zoning codes, by-laws and regulations. #17. Limited English Proficiency & Appendix D CLAS. This is to provide the State assurance that bidder is in compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964. All bidders are required to return the 3-page Appendix D CLAS Requirements document completed, signed and dated. The four-factor analysis is not needed.



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36	Appendix C, page 53 - Does the State have an expected total budget for this program, or will the State consider advising bidders of a "not to exceed" amount? Without this information the State may receive bids that need to be disqualified for either being significantly over the available budget, or conversely, significantly under-resourced. Offering a "not to exceed" amount, on the other hand, will likely increase the number of qualified bids received, allow for a more reasonable comparison between proposals, and enable the State to move more quickly to execute a contract without the need for extensive re-negotiation of scope or further requests for proposals.	The state does not have an expected total budget for this and expects vendors to bid their work competitively.
37	Appendix C, page 53: Please confirm that the "SFY 2018" column header should be changed to SFY 2017 and the "SFY 2019" column header be changed to SFY 2018 to align with the performance period of the contract specified in Section 1.3.	Yes, the dates stated are incorrect. The Appendix C column header should read *SFY 2017 and **SFY 2018.
38	General Question: Can the State advise whether the State considered including claims-based analytics in the scope of this effort, or whether claims-based analytics is desired as part of proposed solutions by vendors?	As further clarification, the Scope of Services does not outline that a selected vendor is to deliver claims based analytics.
39	General Question: Have any consultants provided support to the State on initiatives related to this requirement? If so, can the State provide the names of those consultants and the associated initiatives?	No.
40	General Question: Is the State currently working with any vendors on efforts related to the services being procured in this RFP? If yes, who are those vendors and what is their role?	No.